NEW GLARUS HOME, INC.

600 2ND AVENUE

NEW GLARUS 53574 Phone: (608) 527-2126 Ownershi p: Non-Profit Church Related Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? Yes Number of Beds Set Up and Staffed (12/31/00): 97 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 97 Average Daily Census: 90 Number of Residents on 12/31/00: 89

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%					
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	20. 2	
Supp. Home Care-Personal Care	No					1 - 4 Years	51. 7	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1. 1	More Than 4 Years	28. 1	
Day Services	No	Mental Illness (Org./Psy)	46. 1	65 - 74	6. 7			
Respite Care	No	Mental Illness (Other)	3. 4	75 - 84	29. 2		100. 0	
Adult Day Care No Alcohol & Other Drug Abuse		0.0	85 - 94	49. 4	*************	******		
Adult Day Health Care No		Para-, Quadra-, Hemi plegi c	1. 1	95 & 0ver	13. 5	Full-Time Equivalent		
Congregate Meals Yes Cancer		Cancer	0.0			Nursing Staff per 100 Re	si dents	
Home Delivered Meals	ome Delivered Meals No Fractures		0.0		100. 0	(12/31/00)		
Other Meals	No	Cardi ovascul ar	9.0	65 & 0ver	98. 9			
Transportation	No	Cerebrovascul ar	10. 1			RNs	9. 2	
Referral Service	No	Di abetes	2. 2	Sex	%	LPNs	5. 4	
Other Services	ner Services No Respiratory		4. 5	4. 5		Nursing Assistants		
Provi de Day Programmi ng for		Other Medical Conditions	23.6	Male	32. 6	Aides & Orderlies	30. 5	
Mentally Ill	No			Female	67. 4			
Provide Day Programming for			100.0					
Developmentally Disabled	No				100. 0			

Method of Reimbursement

		Medi ca	are		Medi c	ai d											
(Title 18)		((Title 19)			Other Pr		Pri vate Pay		I	Managed Care			Percent			
			Per Die	em		Per Die	m		Per Die	m		Per Dien	1	J	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	0	0. 0	\$0.00	39	92. 9	\$95.48	0	0.0	\$0.00	42	89. 4	\$114.00	0	0. 0	\$0.00	81	91.0%
Intermediate				3	7. 1	\$79. 28	0	0. 0	\$0.00	5	10.6	\$109.00	0	0. 0	\$0.00	8	9.0%
Limited Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Personal Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Residential Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Traumatic Brain Inj	j. 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Venti l ator- Depende	nt 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Total	0	0. 0		42 1	100. 0		0	0. 0		47	100.0		0	0. 0		89	100. 0%

NEW GLARUS HOME, INC.

Admissions, Discharges, and		Percent Distribution	of Residents'	Condi t	ions, Services	, and Activities as of 12/	31/00
Deaths During Reporting Period						·	
3 1		İ		(% Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	15. 0	Bathi ng	0. 0		76. 4	23. 6	89
Other Nursing Homes	11.7	Dressi ng	13. 5		60. 7	25. 8	89
Acute Care Hospitals	56. 7	Transferring	32. 6		38. 2	29. 2	89
Psych. HospMR/DD Facilities	0.0	Toilet Use	30. 3		51. 7	18. 0	89
Rehabilitation Hospitals	0.0	Eati ng	68. 5		16. 9	14. 6	89
Other Locations	16. 7	*************	******	*****	******	*********	******
Total Number of Admissions	60	Continence		%	Special Trea	tments	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	5.6	Recei vi ng	Respiratory Care	13. 5
Private Home/No Home Health	0.0	0cc/Freq. Incontiner	nt of Bladder	43.8	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	26. 7	0cc/Freq. Incontiner	nt of Bowel	20. 2	Recei vi ng	Sucti oni ng	0. 0
Other Nursing Homes	3. 3				Recei vi ng	Ostomy Care	1. 1
Acute Care Hospitals	3. 3	Mobility			Recei vi ng	Tube Feeding	0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	12. 4	Recei vi ng	Mechanically Altered Diets	46. 1
Rehabilitation Hospitals	0.0						
Other Locations	10.0	Skin Care			Other Reside	nt Characteristics	
Deaths	56. 7	With Pressure Sores		5. 6	Have Advan	ce Directives	74. 2
Total Number of Discharges		With Rashes		0.0	Medi cati ons		
(Including Deaths)	60	Ì			Recei vi ng	Psychoactive Drugs	52. 8

		0wn	ershi p:	Bed	Si ze:	Li censure:			
	Thi s	Non	profi t	50-	- 99	Ski l	lled	Al l	
	Facility	Peer	Group	Peer Group		Peer Group		Facilities	
	%	%	Rati o	%	Ratio	%	Rati o	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	92. 8	88. 0	1.05	85. 4	1.09	84. 1	1. 10	84. 5	1. 10
Current Residents from In-County	83. 1	79. 3	1.05	72. 9	1. 14	76. 2	1.09	77. 5	1.07
Admissions from In-County, Still Residing	26. 7	24. 2	1. 10	21.3	1. 25	22. 2	1. 20	21.5	1. 24
Admissions/Average Daily Census	66. 7	102. 4	0.65	101.3	0.66	112. 3	0. 59	124. 3	0. 54
Discharges/Average Daily Census	66. 7	99. 2	0.67	101.3	0.66	112. 8	0. 59	126. 1	0. 53
Discharges To Private Residence/Average Daily Census	17. 8	33. 8	0. 53	37. 6	0. 47	44. 1	0. 40	49. 9	0. 36
Residents Receiving Skilled Care	91. 0	88. 7	1.03	89. 6	1. 02	89. 6	1.02	83. 3	1.09
Residents Aged 65 and Older	98. 9	96. 0	1. 03	93. 4	1.06	94. 3	1.05	87. 7	1. 13
Title 19 (Medicaid) Funded Residents	47. 2	68. 6	0. 69	69. 0	0. 68	70. 1	0. 67	69. 0	0. 68
Private Pay Funded Residents	52. 8	26. 2	2. 02	23. 2	2. 27	21. 4	2.47	22.6	2.34
Developmentally Disabled Residents	0. 0	0. 6	0.00	0.9	0.00	0. 9	0. 00	7. 6	0.00
Mentally Ill Residents	49. 4	38. 6	1. 28	41.5	1. 19	39. 6	1. 25	33. 3	1.48
General Medical Service Residents	23. 6	16. 4	1.44	15. 4	1. 54	17. 0	1. 39	18. 4	1. 28
Impaired ADL (Mean)	46. 7	46. 9	1.00	47.7	0. 98	48. 2	0. 97	49. 4	0. 95
Psychological Problems	52.8	53. 4	0. 99	51.3	1.03	50. 8	1. 04	50. 1	1. 05
Nursing Care Required (Mean)	8. 3	6. 5	1. 28	6. 9	1. 20	6. 7	1. 23	7. 2	1. 16